

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO. **10-019993**
APPLICANT(S)

FILING DATE

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			/			
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15		10	X			
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TOTAL IND.	9		9			
TOTAL DEP.			15			
TOTAL CLAIMS			24			

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL CLAIMS						